Docket No.: 200-019

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my residence I am an original, first and joint inventor of the subject matter claimed a THERAPEUTIC APPLICATIONS OF NONCOVALENT DIMERIZING ANTICX is attached hereto [] was filed on as Application Serial No. 10/	and for which a patent is sought on the invention entitled
I hereby state that I have reviewed and understand the contents of the above-ide any amendment specifically referred to above.	ntified specification, including the claims, as amended by
I acknowledge the duty to disclose information material to patentability as defined	1 in 37 CFR 1.56.
I hereby claim the benefit under 35 USC 119(e) of any United States provisional a Application No(s) Filing Date (MM/DD/YYYY) 60/407,421 08/30/2002	application(s) listed below:
I hereby claim the benefit under 35 USC 120 of any United States application(s) designating the United States, listed below and, insofar as the subject matter of ea prior United States or PCT international application in the manner provided by the to disclose material information as defined in 37 CFR 1.56, which occurred between PCT international filing date of this application: Prior U. S. Application(s):	ach of the claims of this application is not disclosed in the ne first paragraph of 35 USC 112, I acknowledge the duty
Application No. Filing Date Status: Patented, Pend	ling, Abandoned
2804 Kentucky A Joplin, MO 6480	eted therewith: ws, Reg. No. 33,965 (Customer Number 23511) Ave.
Direct all future correspondence to Customer No. 23511.	
I hereby declare that all statements made herein of my own knowledge are true a believed to be true; and further that these statements were made with the knowledge punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the may jeopardize the validity of the application or any patent issued thereon.	edge that willful false statements and the like so made are
Full name of sole or first inventor: Heinz Kohler	
Inventor's signature:	Date:
Residence: Lexington, Kentucky	
Citizenship: Germany	
Post Office Address:	
Full name of sole or first inventor: Alton C. Morgan, Jr.	
Inventor's signature:	Date:
Residence: Vancouver, Canada	
Citizenship:	
Post Office Address:	